

State: Arkansas

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: 200-721

Project Name/Number: /

Filing Company: United Home Life Insurance Company

Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-721

State: Arkansas

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Date Submitted: 10/10/2012

SERFF Tr Num: UFFL-128722191

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: 200-721

Implementation: 12/01/2012

Date Requested:

Author(s): Karen Hynes

Reviewer(s): Linda Bird (primary)

Disposition Date: 10/16/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 200-721
Project Name/Number: /

Filing Company: United Home Life Insurance Company

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed concurrently with Indiana, our state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/16/2012
	State Status Changed: 10/16/2012
Deemer Date:	Created By: Karen Hynes
Submitted By: Karen Hynes	Corresponding Filing Tracking Number:

Filing Description:

Attached please find the form referenced below for your review and approval. The requested implementation date of the form included in this submission is the later of your approval or December 1, 2012.

Form 200-721A 12-12 (AR) is an application for life insurance for use with a whole life product currently on file with your department and other products that may be filed at a later date. The application is new and replaces form 200-490A 1-10 (AR) previously approved by your department March 1, 2010.

The main differences between the form enclosed and that previously approved are we: a) added a statement certifying to the accuracy of the tax identification number; b) as required by MIB, Inc., added language to the Authorization section to obtain the applicant's consent to report personal health information to MIB and removed "or formerly known as Medical Information Bureau," from the second paragraph of the FCRA/MIB notice; and c) updated the Bank Authorization. Please note, the language in the Bank Authorization regarding drafting on the Second, Third or Fourth Wednesday of each month has been added in brackets and will not appear on the printed application until the programming for drafting on these specific Wednesday's is in place.

We reserve the right to make any typographical corrections or make minor revisions to the appearance of the form due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me via SERFF, at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

Karen Hynes,	karen.hynes@infarmbureau.com
225 S East	317-692-7465 [Phone]
Indianapolis, IN 46202	

State: Arkansas

Filing Company: United Home Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: 200-721

Project Name/Number: /

Filing Company InformationUnited Home Life Insurance
Company

225 S. East St.

Indianapolis, IN 46202

(317) 692-7465 ext. [Phone]

CoCode: 69922

Group Code: 542

Group Name: Indiana Farm

Bureau Group

FEIN Number: 35-0841899

State of Domicile: Indiana

Company Type: LAH

State ID Number:

Filing Fees

Fee Required?

Yes

Fee Amount:

\$50.00

Retaliatory?

No

Fee Explanation:

AR imposes a filing fee of \$50 per form.

Per Company:

No

Company**Amount****Date Processed****Transaction #**

United Home Life Insurance Company

\$50.00

10/10/2012

63643163

SERFF Tracking #:	UFFL-128722191	State Tracking #:		Company Tracking #:	200-721
State:	Arkansas	Filing Company:	United Home Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	200-721				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/16/2012	10/16/2012

State:	Arkansas	Filing Company:	United Home Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	200-721		
Project Name/Number:	/		

Disposition

Disposition Date: 10/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Whole Life Protector Application		Yes

State:	Arkansas	Filing Company:	United Home Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	200-721		
Project Name/Number:	/		

Form Schedule

Lead Form Number: 200-721A 12-12 (AR)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		200-721A 12-12 (AR)	AEF	Whole Life Protector Application	Initial:	50.800	200-721A - AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Whole Life Protector Application

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

1. Last Name	First Name	Middle Initial	Date of Birth (M-D-Y)	State of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	Social Security Number		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give immigration status/type of visa:		
Street Address	City	State	Zip Code	Phone Number ()	

2. Employer/Occupation/Duties

3.a. Primary Beneficiary Name	Relationship	Age	
3.b. Contingent Beneficiary Name	Relationship	Age	
4.a. Owner Name	Relationship	Social Security Number	
Owner Street Address	City	State	Zip Code
4.b. Contingent Owner Name	Relationship	Social Security Number	

5. Billing Street Address	City	State	Zip Code		
Secondary Addressee (For Past Due Notice)	Name	Street	City	State	Zip Code

6.a. <input type="checkbox"/> Whole Life Protector - Base Policy \$	6.b. <input type="checkbox"/> Accidental Death Benefit Rider \$	6.c. Modal Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Qtrly. <input type="checkbox"/> PAC Modal Premium Amount \$
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7. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No If "Yes," please complete any necessary replacement forms.

8. In the past 3 years, have you had any participation in, or contemplate any future participation in any hazardous sport or aviation, or had your drivers license suspended or revoked or in the past 5 years have you been convicted of operating a vehicle while intoxicated? **If yes, does not qualify for plan.** ☐ Yes ☐ No

I hereby apply for the insurance indicated above and I am submitting the first premium. I certify that the answers are true and accurate whether written by my own hand or not. I understand that my policy will not be effective until the later of: the date it is issued by the company as applied for and the premium paid; or the date of my written acceptance of the policy if issued other than applied for and the premium paid.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc., Notice.

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or MIB, Inc. ("MIB"), or other organization, institution, or person, that has any records or knowledge of me or my dependents or our health, to give the United Home Life Insurance Company or its reinsurer(s) any such information. I further authorize United Home Life Insurance Company or its reinsurer(s) to make a brief report of my personal health information to MIB. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date the contract is issued.

WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

\$ _____ paid with application.

I hereby certify under penalties of perjury, that the tax identification number provided is true, correct and complete.

Dated _____, this _____ day of _____, _____
City State Month Year

X _____ X _____
Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

To the best of my knowledge and belief the applicant does ☐ does not ☐ have any existing life insurance policies or annuity contracts.

X _____ X _____
Printed Agent Name Agent's Signature

Agent Code _____ Agent's E-Mail _____

Agent: Phone # _____ Fax# _____ License Identification Number () _____
State

AUTHORIZATION TO HONOR CHECKS
DRAWN BY THE UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana

The initial modal premium **must** be quoted in Section 6 of the application.
We do not accept debit or credit cards.

Please select ONLY one option. Include a copy of voided check for bank draft.

☐ Draft my account for the first premium (initial premium may be drafted immediately upon submission of this application). Please draft subsequent premiums on the _____ day of each month [or on the ☐ Second Wednesday ☐ Third Wednesday ☐ Fourth Wednesday of each month].

☐ Draft my account for the first premium on: _____. All subsequent drafts will occur on this same day each month [or on the ☐ Second Wednesday ☐ Third Wednesday ☐ Fourth Wednesday of each month].

☐ Do NOT draft my account for the first premium. The initial premium is attached, is being mailed, or will be collected on delivery. **Please make check or money order payable to United Home Life Insurance Company. Do not leave Payee blank or make it payable to the agent.** Please draft subsequent premiums on the _____ day of each month [or on the ☐ Second Wednesday ☐ Third Wednesday ☐ Fourth Wednesday of each month].

The policy may be placed on direct quarterly mode temporarily if we do not receive complete bank information or if there is a difference in premium quoted.

I understand that my policy will not be effective until the later of: the date it is issued by the company as applied for and the premium paid; or the date of my written acceptance of the policy if issued other than applied for and the premium paid.

Bank Name _____ Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account by and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that I am personally liable for overdraft fees charged on said account if funds are not available at the designated date of withdrawal. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit entry. I further agree that if any such debit entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account Number: _____ ☐ Checking ☐ Savings Routing Number: _____

Premium Payor's Printed Name: _____ Relationship to Insured: _____

Signature of Premium Payor: _____ Date: _____

In the event that a pre-printed void check or bank statement is not available, please complete the following information for account verification:

Financial Institution: _____ Phone Number: _____

Address: _____

I have personally verified that the above policy owner/payor has a current, active account.

Agent Name: _____ Agent #: _____

Agent Signature: _____ Date: _____

PLEASE DETACH AND GIVE TO APPLICANT

FAIR CREDIT REPORTING ACT/MIB, INC., NOTICE

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal FAIR CREDIT REPORTING ACT. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

IMPORTANT INFORMATION FOR VERIFYING IDENTIFICATION

To help fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions (including insurance companies) to obtain, verify and record information that identifies each person who engages in certain transactions. This means that when you apply for permanent life insurance or annuity products we will verify your name, residential address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or passport.

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192

UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana (Herein referred to as the Company)

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

I understand that my policy will not be effective until the later of: the date it is issued by the company as applied for and the premium paid; or the date of my written acceptance of the policy if issued other than applied for and the premium paid.

RECEIPT

Received from _____ The sum of \$ _____

Being the 1st premium of _____ mode

Type of proposed insurance _____ Amount of proposed insurance \$ _____

This receipt shall be void if given for check or draft which is not honored on presentation.

Dated at _____ on _____ Month _____ Day _____, _____ Year

Agent Signature _____

SERFF Tracking #:	UFFL-128722191	State Tracking #:		Company Tracking #:	200-721
State:	Arkansas	Filing Company:	United Home Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	200-721				
Project Name/Number:	/				

Supporting Document Schedules

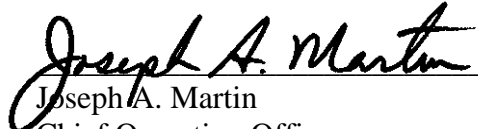
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability - Signed.pdf			

CERTIFICATION

I hereby certify the following score(s) on the Flesch Reading Ease Test.

Form	Score
200-721A 12-12	50.8

Date: 10/10/2012



Joseph A. Martin
Chief Operating Officer
Senior Vice President, Life Operations
United Home Life Insurance Company